



1119-03

3739/4

PTO/SB/21 (08-03)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	09/905,715	
	Filing Date	May 4, 2001	
	First Named Inventor	Rothman, Steven M.	
	Art Unit	3739	
	Examiner Name	R. Gibson	
Total Number of Pages in This Submission	8	Attorney Docket Number	1908-95650

**ENCLOSURES (Check all that apply)**

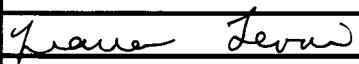
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
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Remarks		

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or individual name	Leana Levin Reg. No. 51,939
Signature	
Date	November 17, 2003

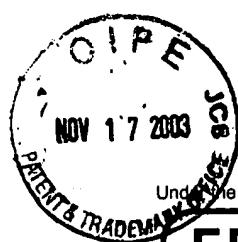
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Leana Levin		
Signature		Date	November 17, 2003

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Patent fees are subject to annual revision.  
Small Entity payments **must** be supported by a small entity statement;  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$)

55

## Complete if Known

Application Number	09/905,715
Filing Date	May 04, 2001
First Named Inventor	Rothman, Steven M.
Examiner Name	R. Gibson
Group /Art Unit	3739
Attorney Docket No.	1908-95650

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **50-1572**

Deposit Account Name **Blumenfeld, Kaplan & Sandweiss**

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)
101 690 201 345	Utility filing fee	0				
106 310 206 155	Design filing fee	0				
107 480 207 240	Plant filing fee	0				
108 690 208 345	Reissue filing fee	0				
114 150 214 75	Provisional filing fee	0				
<b>SUBTOTAL(1)</b>		<b>(\$)</b>	<b>0</b>			

### 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/>		
Independent Claims <input type="text"/> - 3** = <input type="text"/> X <input type="text"/> = <input type="text"/>		
Multiple Dependent <input type="text"/> = <input type="text"/>		

\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)
103 18 203 9	Claims in excess of 20				
102 78 202 39	Independent claims in excess of 3				
104 260 204 130	Multiple dependent claim, if not paid				
109 78 209 39**	Reissue independent claims over original patent				
110 18 210 9**	Reissue claims in excess of 20 and over original patent				
<b>SUBTOTAL (2)</b>		<b>(\$)</b>			

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)
105 130 205 65	Surcharge - late filing fee or oath					
127 50 227 25	Surcharge - late provisional filing fee or cover sheet					
139 130 139 130	Non-English Specification					
147 2,520 147 2,520	For filing a request for reexamination					
112 920* 112 920*	Requesting publication of SIR prior to Examiner action					
113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action					
115 110 215 55	Extension for reply within first month					
116 380 216 190	Extension for reply within second month					
117 870 217 435	Extension for reply within third month					
118 1,360 218 680	Extension for reply within fourth month					
128 1,850 228 925	Extension for reply within fifth month					
119 300 219 150	Notice of Appeal					
120 300 220 150	Filing a brief in support of an appeal					
121 260 221 130	Request for oral hearing					
138 1,510 138 1,510	Petition to institute a public use proceeding					
140 110 240 55	Petition to revive - unavoidable					
141 1,210 241 605	Petition to revive - unintentional					
142 1,210 242 605	Utility issue fee (or reissue)					
143 430 243 215	Design issue fee					
144 580 244 290	Plant issue fee					
122 130 122 130	Petitions to the Commissioner					
123 50 123 50	Petitions related to provisional applications					
126 240 126 240	Submission of Information Disclosure Stmt					
581 40 581 40	Recording each patent assignment per property (times number of properties)					
146 690 246 345	Filing a submission after final rejection (37 CFR 1.129(a))					
149 690 249 345	For each additional invention to be examined (37 CFR 1.129(b))					
Other fee (specify) _____						
Other fee (specify) _____						
Reduced by Basic Filing Fee Paid					<b>SUBTOTAL (3)</b>	<b>(\$)</b>
					55	

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SUBMITTED BY		Complete (if applicable)		
Name (Print Type)	Matthew A. Rosenberg	Registration No. (Attorney/Agent)	40,149	Telephone (314) 863-0800
Signature			Date	November 17, 2003

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